



P O Box 2443
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Phone (979) 836-3370
achacutting@yahoo.com

ACHA office use only

Date received: _____

Affiliate: _____

Payment by: Check # _____

Credit Card # _____

Expiration _____ CVV _____

Primary Applicant Information: Member # _____

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Ranch or Company may be included _____

Phone (_____) _____

Social Security # (Required) _____

Circle All that Apply: Pro Non Pro Youth Owner Judge

Non Pro applicants must attach completed Non Pro Application.

Must have YOUTH D.O.B: _____

Have you ever shown under another name? _____

2025 Membership Application & Renewal

Valid from Jan 1, 2025 to Dec 31, 2025 unless Lifetime.

CHECK ONE:

☐ Individual Membership \$75.00

☐ Annual Household* Membership \$100.00

☐ Lifetime Membership \$750.00

☐ Youth Membership \$25.00
(Must be 18 or under on Jan 1)

***PRINT CLEARLY ALL ADDITIONAL ELIGIBLE MEMBERS IN HOUSEHOLD** (*Membership includes the primary, his/her spouse, and minor children (under 21 years of age and living in the same household as of January 1, 2025)*)

NAME (first, last)	SOCIAL SECURITY #	CIRCLE ONE	YOUTH D.O.B	MEMBERSHIP #
1. _____	_____-_____-_____	Pro Non-Pro Youth	_____	_____
2. _____	_____-_____-_____	Pro Non-Pro Youth	_____	_____
3. _____	_____-_____-_____	Pro Non-Pro Youth	_____	_____

Upon acceptance of this application, I acknowledge that all members of my household riding under this membership shall comply with all Standing Rules and Bylaws governing the American Cutting Horse Association, inclusive of but not limited to timely payment of all membership dues, expenses, and entry fees. I further agree that all members of my household participating under the membership hereby release, discharge, hold harmless the American Cutting Horse Association, its affiliates and authorized agents from any claim of personal injury, loss or injury to livestock, or accidents arising out of or related to this membership.

IF NON-PRO:

I attest that I do not now, nor have I ever received direct or indirect remuneration or other consideration for training of a cutting horse or cutting horse rider.

SIGNATURE OF VOTING MEMBER / AGENT _____ **DATE** _____ **MEMBERSHIP** _____